

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 4792
Registrar's No. 000 12 911

JUN 4 1943 818

Registration District No. 1003Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County Mo
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 4136 - Finney Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Reid3. (b) If veteran, No 3. (c) Social Security number war No No. None

4. Sex M. 5. Color or race Col 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years
 7. Birth date of deceased Oct - 3 - 1883
 (Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 15 If less than one day
 .hr. .min.

9. Birthplace Unknown Goa
(City, town, or county) (State or foreign country)10. Usual occupation laborer

11. Industry or business

12. Name William Reid
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary A. Cutcher
 (b) Address 4123 - Cook Ave
 17. (a) BURIAL (b) Date thereof 5-25-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Manuel Und. Co.
 (b) Address 440 59 Finney

19. (a) MAY 24 1943 (b) J. F. Budak
 (Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mo
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4136 - Finney Ave
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
 year 1943 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from MAY 1942
May 18 1943 to May 15 1943
 that I last saw him alive on May 15 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial (acute) infarct 3 days
 Duration

Due to 93 a

Due to Arteriosclerosis
 Other conditions Arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations —
 Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —
 (b) Date of occurrence —
 (c) Where did injury occur? —
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury —

23. Signature J. W. Wesley (M. D. or other) 5/24/43
 Address 4130 Carlton Date signed 5/24/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.